

# Quayside Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Quayside Medical Centre on 25 July 2017. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was a system in place for reporting and recording significant events. However we found the recording in minutes was limited so staff would learn little from an event.
- The practice had some systems to minimise risks to patient safety. However we found processes were not in place for the review of all high risk medicines. Immediately following the inspection the practice introduced systems for the review for all high risk medicines.
- Staff were aware of current evidence based guidance.
- Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was below

local and national averages for five out of the six questions. Care Plus Group had been providing services at Quayside from August 2016. At the time of the inspection it was acknowledged that the service was still in a period of transition in terms of process and quality.

- The practice had a practice improvement plan in place which reflected the vision and values and was regularly monitored.
- The most recent published QOF results were 67% of the total number of points available which was lower when compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. Exception report was 10% comparable to the CCG average of 8% and the England average of 10%. Although these figures relate to the previous provider, the provider provided evidence of QOF data for 2016/2017 which had not been published yet showed similar performance.

# Summary of findings

- Information about services and how to complain was available. We found some evidence that improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are

- Ensure care and treatment is provided in a safe way to patients

- Ensure staff are, suitably trained, competent, and experienced to provide care and treatment to patients.

The areas where the provider should make improvement are

- Ensure learning from significant events is shared appropriately.
- Review the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.
- Continue to work to their action plan to address identified concerns with infection prevention and control practice.
- Ensure the medicines refrigerator contents are stored securely.
- Take steps to improve patient satisfaction.
- Continue to work to improve patient outcomes in terms of the Quality and Outcomes Framework (QOF)

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. However, we found the recording of significant events in minutes of meetings where these were discussed was limited so staff would learn little from an event.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some systems to minimise risks to patient safety. However we found processes were not in place for the review of some patients who were prescribed high risk medicines.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults. However not all staff had up to date safeguarding training relevant to their role. Additional training was arranged during the inspection for these staff.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, we did not see evidence that all staff had received basic life support training. Additional training was arranged during the inspection for these staff.

### Are services effective?

The practice is rated as requires improvement for providing effective services.

**Requires improvement**



- Data from the Quality and Outcomes Framework showed patient outcomes were below local and national averages.
- Staff were aware of current evidence based guidance.
- We did not see evidence that all staff had the skills and knowledge to deliver effective care and treatment.
- Care Plus Group had been the provider for less than a year and had a planned audit programme in place. However at the time of inspection there was limited evidence to suggest audit was driving improvement to patient outcomes. There was evidence of appraisals and training records for all staff.
- End of life care was coordinated with other services involved.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had recruited a receptionist with an enhanced role as translator.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. However, learning from complaints was not always shared with staff.
- Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was 14-22% below local averages and 13-19% below national averages for five out of the six questions.

Requires improvement



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- There were some arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff. However, we found the recording in minutes was limited so staff would learn little from an event.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice was rated as requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

**Requires improvement**



### People with long term conditions

The practice was rated as requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Performance for diabetes related indicators was lower than the CCG and national averages. (Practice rate is 32% compared to the CCG average of 88% and the national average of 90%). This

**Requires improvement**



# Summary of findings

data is for the period 1st April 2015 – 31st March 2016 however the provider provided evidence of QOF data for 2016/2017 which had not been published yet which showed similar performance.

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice was rated as requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group.

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals. However not all staff were aware of the Gillick competency test and the Fraser guidelines.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

**Requires improvement**



## Working age people (including those recently retired and students)

The practice was rated as requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.

**Requires improvement**





# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group. The practice held a register of patients living in vulnerable circumstances including asylum seekers, refugees and those with a learning disability.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



## People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for safe, effective and responsive. The issues identified affected all patients including this population group.

- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- 50% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was lower than the CCG average of 90% and the national average of 84%.
- 36% of patients with schizophrenia and other psychoses had a comprehensive, agreed care plan documented in preceding 12 months which was lower than the CCG average of 92% and the national average of 89%.

Requires improvement



# Summary of findings

- The practice did not have a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing below or in line with local and national averages. 373 survey forms were distributed and 83 were returned. This represented 3% of the practice's patient list.

- 68% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received.

We spoke with one patient during the inspection. The patient said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients
- Ensure staff are, suitably trained, competent, and experienced to provide care and treatment to patients.

### Action the service **SHOULD** take to improve

- Ensure learning from significant events is shared appropriately.
- Review the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.

- Continue to work to their action plan to address identified concerns with infection prevention and control practice.
- Ensure the medicines refrigerator contents are stored securely.
- Take steps to improve patient satisfaction.
- Continue to work to improve patient outcomes in terms of the Quality and Outcomes Framework (QOF)

# Quayside Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Quayside Medical Centre

Quayside Medical Centre, 76B Cleethorpe Road, Grimsby, South Humberside, DN31 3EF is a GP practice with an Alternative Provider Medical Services (APMS PMS contract. It has been under the governance of Care Plus Group (North East Lincolnshire) Limited since September 2016.

The practice provides a service to 2,699 patients.

The practice has locum GPs (two are male and one female), two advance nurse practitioners (1 whole time equivalent (w.t.e.)), four practice nurses (2 w.t.e.), two healthcare assistants (1 w.t.e.). They are supported by a practice manager, four reception/ administrative staff and a site coordinator.

The majority of patients are of white British background. The practice population profile is higher than the England average for the 0-4 years and 25-39 years age groups and lower than the England average for the other age groups. The practice scored one on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

Quayside Medical Centre is open 8 am till 6.30pm Monday to Friday with extended hours offered on Wednesdays until 7.30pm. There is a telephone triage system in place for patients who need to see a GP.

Out of Hours care (from 6.30pm to 8am) is provided through the local out of hours service.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Healthwatch and the Clinical Commissioning Group to share what they knew. We carried out an announced visit on 25 July 2017. During our visit we:

- Spoke with a range of staff (practice manager, GP, advanced nurse practitioner, practice nurses, reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

# Detailed findings

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people

- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information and a written apology.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The provider organisation carried out analysis of the significant events.
- We found some evidence that lessons were shared and action taken to improve safety in the practice.
- The practice had started to monitor trends in significant events and evaluate any action taken.

### Overview of safety systems and processes

The practice could not fully demonstrate that systems, processes and practices were in place to keep people safe, which included

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities however seven out of twelve staff had not received training on safeguarding children relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules but no monitoring system was in place, including for the cleaning of medical equipment. This was resolved during the inspection.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw some evidence that action was taken to address any improvements identified as a result. However the security of the emergency drugs cupboard had not been resolved and privacy curtains in consulting rooms were not changed at the recommended interval of six months.
- We looked at the arrangements for managing medicines. We found there were processes for handling repeat prescriptions. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We found the medicines refrigerator contents were not stored securely.
- We found processes were not in place for the review of some patients who were prescribed high risk medicines. This potentially could lead to significant harm to people if close monitoring is not carried out
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

## Are services safe?

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. We found a commercial waste bin partially obstructed an emergency exit door which presented a risk to occupants leaving the building in an emergency.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff had received annual basic life support training. Additional training was arranged during the inspection for these staff.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date. On the day of the inspection, the cupboard lock was broken but following the inspection it was confirmed that this had been resolved.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published QOF results related to the previous provider and were 67% of the total number of points available which was lower when compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. Exception report was 10% comparable to the CCG average of 8% and the England average of 10%. The current provider provided evidence of QOF data for 2016/2017 which had not been published yet which showed similar performance.

This practice QOF achievement was below local and national clinical targets. Data from 2015/16 which related to the previous provider and showed:

- Performance for diabetes related indicators was lower than the CCG and national averages. (Practice rate is 32% compared to the CCG average of 88% and the national average of 90%).
- Performance for mental health related indicators was lower than the CCG and national averages. (Practice rate is 40% compared to the CCG average of 91% and the national average of 93%).

The provider provided evidence of QOF data for 2016/2017 which had not been published yet which showed similar performance.

- There had been one clinical audit commenced since the provider took over the contract in August 2016. This was

not a completed audit where the improvements made were implemented and monitored. However, at the time of inspection, Care Plus Group had been the provider for less than a year and had a planned audit programme.

### Effective staffing

Evidence reviewed showed that most staff had the skills and knowledge to deliver effective care and treatment however the training for some was out of date or absent.

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. We found no induction programme for locum GPs new to the practice however the development of a programme was included in the practice action plan.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, most staff reviewing patients with long-term conditions had disease-specific diplomas and training was planned where there was a shortfall.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. However, we found that for some staff safeguarding training was not always to the appropriate level. Some staff had not had basic life support training updated in 16 months or more or absent and information governance training was overdue for three staff. Additional training was arranged during the inspection for these staff.



# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood some of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However not all staff were aware of the Gillick competency test and the Fraser guidelines.
- When providing care and treatment for children and young people, not all staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 85% and the national average of 82%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 92% to 94% and five year olds from 90% to 93%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one patient. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scores for its satisfaction on consultations with GPs were mixed with three of the four below average. Satisfaction scores for nurses were in line with local and national averages. For example

- 78% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.

- 93% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 95%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations with nurses to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and to the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

## Are services caring?

- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw no notices in the reception areas informing patients this service was available. Patients were told about multi-lingual staff who might be able to support them.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice had not identified patients who were carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Practice staff were building relationships with local multi-cultural leaders to improve awareness and take-up of cervical screening
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.15am to 11am every morning and 1.45pm to 6.15pm daily. Extended hours appointments were offered until 7.30pm on Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey (undertaken January- March 2017 and published July 2017) showed that patient's satisfaction with how they could access care and treatment was below local and national averages for five out of the six questions.

- 59% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 71%.
- 69% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 68% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 39% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that a summary leaflet was available to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and found these had been dealt with in a timely way. We found some evidence that lessons were learned from individual concerns and complaints.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice was on a trajectory of improvement however changes were not yet embedded. There were action plans to address identified concerns.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held two-monthly.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The provider had an action plan to address the identified risks however we found processes were not in place for the review of some patients who were prescribed high risk medicines.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However, we found not all clinical staff were aware of learning from significant events.

### Leadership and culture

The managers told us they prioritised safe, high quality and compassionate care. Staff told us the manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The managers encouraged a culture of openness and honesty. From the sample of six documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings to monitor vulnerable patients.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the managers in the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from

· patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, a new telephone system was introduced to address patients' concerns.

- staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</b></p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• There was no system in place to ensure that all patients taking high risk medicines attended for regular monitoring in line with national guidance.</li></ul> <p><b>Regulation 12(1)</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>Regulation 18 HSCA (RA) Regulations 2014 Staffing</b></p> <p>Requirements in relation to staffing</p> <p>How the regulation was not being met</p> <p>The practice could not demonstrate that all staff had completed training in areas such as safeguarding adults and children, basic life support and information governance.</p> <p>Not all staff were aware of Gillick test and Fraser competencies.</p> <p><b>Regulation 18(1)</b></p>